fald

## Entry Blank—Please Type or Print

Ms./Artist Gall Trunick
(last name last)
Permanent 4509 St. Rt. 7 Burghill
Street City U
44404 Daytime Tel. (216) 772-4783
Zip area
· Box
Temporary or Studio Address St. Rt. 7 Brook + 186
Street City
44403 Daytime Tel. ( — )
Zip area
If you do not presently live in one of the counties of the Western  Reserve, in which county were you born?
Collaborator (if any)
If May Show entries are not accepted or are not sold:  Artist will pick up at Museum.  Museum should dispose of.  Museum should ship to artist at artist's expense:
4509 St.Rt.7
Street
Burghill Ohio 44404
City State Zip
Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature Sail Trunick

I have received the unsold/unaccepted object(s) in good condition.

Signature \_\_\_\_\_

## **Entry Blanks**

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